



ICMA 457 Deferred Compensation Change Form

Employer Plan #300496

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Investor Services 1-800-669-7400

FOR CHANGES TO ESTABLISHED ICMA ACCOUNTS ONLY.

To set up a new ICMA account you must complete an ICMA Enrollment Form.

1. _____
Employee Name (Last, First, MI) Employee Number

2. I authorize my employer to defer _____% **or** \$_____ from my biweekly paycheck.

This authorization will remain in force until termination of employment or until canceled/changed by me in writing. (Enter the TOTAL amount you would like deducted per pay period).

3. Please indicate which type(s) of deferrals are included in the above amount:

☐ Normal Contribution (2015 limit \$18,000)

☐ Catch-up contributions: Please indicate ONE of the following types of catch-up rules you are using:

☐ "normal" provision (2015 limit \$36,000)

☐ "age 50" provision (2015 limit \$6,000 for a total of \$24,000)

4. Deferral *Changes* will take effect the beginning of the calendar month following the date the change is signed and dated, unless a future date is indicated below. Deferral *Stops* will be processed immediately. [Article IV, Sec. 4:02]

Future Date of Deferral Change: _____

5. _____
Participant's Signature Date

6. Send completed form to: City of Scottsdale Human Resources Department, Mail Code: NCYHR

HR Use Only:

Copy to Payroll _____

Payroll Use Only:

Processed _____ YYP Initials _____